

## CHANGE NOTIFICATION FORM

**Athletic Trainer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

Is this an address change?    ☐ Yes    ☐ No                      AT License Number: \_\_\_\_\_

I hereby notify the Idaho State Board of Medicine of the following changes in my direction and/or practice. Attached to this form are the service plan and protocol forms and the directing physician application form with the fee, if applicable. A copy of form 8, pg 1-4, will be kept on file at each of my practice locations and the address of the directing physician.

\* Please complete all application sections, sign and return to the Board with all supporting documentation within thirty (30) days of practice.

I am ☐ changing ☐ adding practice sites and directing physicians.

My new primary directing physician is: \_\_\_\_\_

My new alternate directing physician(s) is/are: \_\_\_\_\_

My new practice location is: \_\_\_\_\_

### Other Changes.

☐ The practice site listed above will be on a part time basis in addition to my primary practice.

☐ I am adding the following alternate directing physician(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I am deleting the following directing physician(s) or practice site(s): \_\_\_\_\_  
\_\_\_\_\_

☐ I am changing directing physicians only at the practice location previously filed with the Board: \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Please type or print name)

Signature: \_\_\_\_\_                      Effective Date: \_\_\_\_\_

**Idaho Code (IDAPA 22.01.10.013)** requires each licensed athletic trainer must notify the Board within thirty (30) days of any change in the status of his directing physician.